



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

NICK MACCHIONE, FACHE
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

PUBLIC HEALTH SERVICES
HEALTH SERVICES COMPLEX

3851 ROSECRANS, SAN DIEGO, CALIFORNIA 92110
(619) 531-5800 FAX (619) 542-4186

Epidemiology & Immunization Services
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing
Border Health
TB Control & Refugee Health
Vital Records

Base Station Physicians' Committee
Jamil Madati, M.D., Chairperson
c/o Emergency Medical Services
6255 Mission Gorge Road
San Diego, CA 92120
(619) 285-6429 Fax: (619) 285-6531

BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES

Tuesday, February 21, 2012

Members Present

Buono, M.D., Colleen – UCSD BHMD
Grad, M.D., Michele – Palomar BHMD
Haynes, M.D., Bruce – S.D. Co. Medical Director
Kramer, M.D., Mark – Sharp Memorial BHMD
Linnik, M.D., Bill – Sharp Memorial BHMD
Madati, M.D., Jamil – Children's Hospital ED MD
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Reilly, M.D., Ian – Scripps La Jolla BHMD
Schwartz, M.D. Brad – AMR/RCCP Medical Director
Tomaneng, M.D., Neil – Tri-City BHMD
Wang, M.D., Marcus – Scripps Mercy BHMD

County Staff

Smith, R.N., Susan
Stepanski, Barbara

Recorder

Wolchko, Janet I.

In Attendance

Aker, Donna Kelly – UCSD ROC
Allington, Linda – Carlsbad Fire
Al-Marshad, M.D., Adel – UCSD
Anderson, Marilyn – Vista Fire
Anderson, Mary – Miramar Fire
Bourdon, R.N., Darlene – Scripps Mercy
Cox, R.N., Sue – Rady Childrens' Hospital
Dotson, R.N., Melody – UCSD BHNC
DeMers, Gerard - UCSD
Foehr, Rick – EMSTA College
Graydon, R.N., Cheryl – Palomar BHNC
Hinton, William – Mercy Air
Hotka, Brian – Mercy Air
Howard, R.N., LuAnn – Scripps La Jolla
Kahn, Chris – UCSD
Klingensmith, Todd - SDCPA
Lemire, Harold – S.D. Fire Department
Liebhardt, Damian - NMCS
Lindsey, Matt – North County Fire
Ninberg, Lori – Rady Childrens Hospital
Ochs, R.N., Ginger – S.D. Fire Department
Rosenberg, R.N., Linda – Sharp Memorial
BHNC
Rosenberger, R.N., Wendy – Tri-City Medical
Center BHNC
Sage, Angelica – Mercy Air

Seabloom, R.N., Lynne – Oceanside Fire
Serra, M.D., John - UCSD
Sullivan, Don – AMR
Vilke, M.D., Gary – S.D. Beacon/ROC
Williamson, Ana Marie – Scripps La Jolla
Workman, R.N., Debi – Paramedic Training
Program

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Jamil Madati, M.D. called the meeting to order at 11:03 am.

II. APPROVAL OF MINUTES

A motion was made by Dr. Reilly, seconded by Dr. Linnik to approve the minutes of January 17, 2012. Motion carried.

III. PROVIDER FOLLOW-UP (Sue Cox, R.N., Rady Children's Hospital)

A guideline developed by Rady Childrens' Hospital for sharing clinical information to pre-hospital or referring providers was presented. Recognizing that feedback to healthcare providers is valuable Rady Childrens' legal department, risk manager, health information director, ED and trauma staff reviewed the issue of follow-up to determine the barriers are to develop a policy guideline. The policy requires the base station coordinators to request feedback on patients, individuals in the field cannot call and request feedback on their own. A limited amount of data information can be given such as final diagnosis, whether the patient lived or died, whether there was an infectious disease exposure and if there was a quality improvement issue. Sue Cox will send the guidelines electronically by request.

IV. END OF LIFE CARE (Kelly White, Sharp Hospice)

Sharp Hospice has been looking into the recent issues with "end of life" patients transported from one destination to another, but somehow rerouted to an ER. Sharp Hospice met with San Diego Medical Transport to get information from their protocol and policy and to discuss why hospice patients are being transported to hospitals when prior arrangements have been made for acceptance at a hospice setting. Most "end of life" patients have a pre-arranged transport destination and a DNR; crews should clarify and transport to the designated destination. A DNR is not a requirement at hospice.

There are 22 hospices, approximately 3,000 to 5,000 patients at any one time. Coordination for a patient to go to a hospice is through physicians order. Sharp hospice has a 24/7 call center where a nurse or a supervisor is on call. An information packet is provided to the patient's family with information on who to contact.

The California Healthcare Foundation recently had something on "end of life" care and found that 80 percent of Californians would like to discuss end of life care with their physicians. Those who have a serious illness, only 7 percent has had a discussion with their physician and want healthcare providers to take necessary measures to prolong their lives; 13 percent of residents 65 and older, and 23 percent of the patients have drafted a plan.

BSPC discussed lift assist issues in the hospice or DNR scenario when patients and their families call prehospital providers to assist them when a family member has fallen and needs help getting them back up or into bed

V. MEDICAL DIRECTOR'S REPORT (Bruce Haynes, M.D.)

Influenza

In the last couple of weeks there have been more reports of flu related illness. It is not sure how many reported flu cases are H1N1 or the swine flu. Dr. Buono asked if there was a public health policy regarding testing, and if testing would help with surveillance of the flu.

Action: Dr. Haynes will follow-up on Dr. Buono' inquiry.

Norovirus

There have been a number of Norovirus outbreaks. Norovirus has been found at some residential care facilities and skilled nursing facilities. Information on norovirus and prevention of transmission was updated and sent to the providers. Information is also in the Medical Director update.

Drug shortage

Midazolam may be available soon according to the pharmacies supplying the agencies. Morphine is available even though it may be in different concentrations.

Pediatric Oxygen Flow Rates

A reminder regarding oxygen flow rates in pediatric patients receiving oxygen by simple masks will be sent out to the teaching programs. When oxygen is administered to children via a simple mask, the flow rate should be at least 5L/min.

Spinal Stabilization

When spinal stabilization is performed, the protocol is to document before and after testing muscle movement and sensation of both the upper and lower extremities. Documentation should be scrupulous.

EMSTA is providing the first AEMT classes in the County. This year there are very few protocol changes. We are looking at moving from education to a protocol for patients with left ventricular devices.

State EMS

The State EMS has many regulations out for comment. The Advanced EMT and EMT regulations focus was to make them consistent with the National Education Standards and

Instructional Guidelines. The regulations will increase the length of hours for EMT's from 120 to 160 and Advanced EMT's from 88 to 160. The state is also sending out regulations for EMS for Children, STEMI and Stroke systems.

Decontamination Training

Nick Vent at the Department of Environmental Health is conducting decontamination training at hospitals including hands on use of protective equipment. The training is 16 hours long and meets the standardized training hours. Contact EMS if you are interested in the training.

Pediatric surge training is currently being given. There will be a class tomorrow on how to take care of pediatric patients if there is a surge, and what equipment and supplies are needed. The training consists of two half-day trainings with a tabletop exercise on the second day.

The Burn surge program has been discussed previously. If there is a burn surge event, the most severely burned patients would go to UCSD; the trauma centers would receive the patients that need vigorous resuscitation and monitoring. The least severely burned that need to be admitted for fluid resuscitation and initial treatment would go to the closest receiving hospitals.

Bypass

Numbers are slightly up with patients who bypassed hospitals as shown in the Medical Director Update.

VI. SAN DIEGO HEALTHCARE DISASTER COUNCIL (SDHDC) (Linda Rosenberg, R.N.)

Facilities are planning for the Golden Guardian 2010 drill on May 15-17, 2012. Hospitals will be in play on May 1, 2012.

VII. BEACON PROJECT (Gary Vilke, M.D.)

Dr. Vilke was present to update and receive input on the Beacon project. The Health Information Exchange (HIE) element of the Beacon project is for hospitals to have access to records and share real-time information. HIE is not a repository for records, but an information exchange and access to records such as EKG's and CT scans. HIE links community clinics and immunizations, and the EMS Hub to get information and data back to the hospitals in real-time. The HIE will also integrate PPR with hospital record.

The Beacon Project has been discussed with hospital CEOs and IT managers. Dr. Vilke is in attendance to provide communication and information about the project to BHNC's and the operational groups.

Action: Beacon updates will be added as an agenda item on the BSPC agenda.

Dr. Vilke can provide email information through Dr. Haynes on current project status. Inquiries were made regarding how the project is working at UCSD, in particular any additional staffing requirements and patient identification issues.

VIII. ROC UPDATE (Gary Vilke, M.D. and Donna Aker)

- A. The BLAST lactate study is being conducted with UCSD and Mercy. This observational study involves the testing of whole blood lactate during out-of-hospital emergency care and repeated testing upon arrival in the hospital's emergency department using a point of care meter.
- B. The ALPS study is currently going through the IRB process. IRB applications are needed at each facility. City of San Diego and Rural Metro will be doing the trial in mid March and going to the hospitals in their corresponding 911 areas. Donna Aker presented a sample kit and an information sheet.

IX. POLICY S-422 RESTRAINT REVIEW

Changes and updates to Policy S-422 were discussed. California code of regulations references were updated. Wording was changed to only restraining someone when some other technique is unsuccessful, impractical, or likely to endanger the patient or others. Also added was to attempt to enlist the patient's cooperation. If the patient is actively spitting, a surgical mask or oxygen mask may be placed over the patient's mouth to protect EMS personnel and others. The "spit sock" or mesh hood is in the optional County inventory list and will be added to this policy. If the surgical or oxygen mask method fails, a light weight, sheer, protective mesh hood may be used. The spit sock is in the optional County inventory list and will be added to the policy. Use and justification of the mesh hood must be documented so it is clear why it had to be put in place.

Posey was taken out as restraint equipment and vest was added.

Position of the patient is to avoid prone position if possible and after they are restrained, roll them to their side or the supine position. It was suggested to change the word rolled to reposition.

Action: A motion was made by Darlene Bourdon, seconded by Dr. Grad to approve Policy S-422. Motion carried.

X. ITEMS FOR FUTURE DISCUSSION

- Updates on the Beacon Project.
- Feedback on the Rady Children's guidelines for sharing clinical information to pre-hospital or referring providers.

XI. SET NEXT MEETING/ADJOURNMENT

The next meeting will be March 20, 2012, 11:00 a.m. at Scripps Memorial Hospital La Jolla, 9888 Genesee Avenue, La Jolla, CA 92037. The meeting will take place in the Schaezel Building in the Grand Hall.

The meeting was adjourned at 12:33 p.m.